

**DOMESTIC  
NONPROFIT CORPORATION**

**STATE OF MAINE**

**ARTICLES OF INCORPORATION**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

Pursuant to [13-B MRSA §403](#), the undersigned incorporator(s) execute(s) and deliver(s) the following Articles of Incorporation:

**FIRST:** The name of the corporation is \_\_\_\_\_.

**SECOND:** ("X" one box only. Attach additional page(s) if necessary.)

☐ The corporation is organized as a public benefit corporation for the following purpose or purposes:

☐ The corporation is organized as a mutual benefit corporation for all purposes permitted under [13-B MRSA](#), or, if not for all such purposes, then for the following purpose or purposes:

**THIRD:** The name and registered office of the Registered Agent who must be a Maine resident, whose office is identical with the registered office; or a corporation, domestic or foreign, profit or nonprofit, having an office identical with such registered office:

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(physical location - street (not P.O. Box), city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**FOURTH:** The number of directors (not less than 3) constituting the initial board of directors of the corporation, if the number has been designated or if the initial directors have been chosen, is \_\_\_\_\_.

The minimum number of directors (not less than 3) shall be \_\_\_\_\_ and the maximum number of directors shall be \_\_\_\_\_.

**FIFTH:** Members: ("X" one box only.)

☐ There shall be no members.

☐ There shall be one or more classes of members and the information required by [§402](#) is attached.

**SIXTH:** (Optional) ☐ (Check if this article is to apply.)

No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in or intervene in (including the publication or distribution of statements) any political campaign on behalf of any candidate for public office.

**SEVENTH:** (Optional) ☐ (Check if this article is to apply.)

Other provisions of these articles including provisions for the regulation of the internal affairs of the corporation, distribution of assets on dissolution or final liquidation and the requirements of the Internal Revenue Code section 501(c) are set out in Exhibit \_\_\_\_ attached hereto and made a part hereof.

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**INCORPORATORS**

**DATED** \_\_\_\_\_

\_\_\_\_\_  
(signature)

Street \_\_\_\_\_  
(residence address)

\_\_\_\_\_  
(type or print name)

\_\_\_\_\_  
(city, state and zip code)

\_\_\_\_\_  
(signature)

Street \_\_\_\_\_  
(residence address)

\_\_\_\_\_  
(type or print name)

\_\_\_\_\_  
(city, state and zip code)

\_\_\_\_\_  
(signature)

Street \_\_\_\_\_  
(residence address)

\_\_\_\_\_  
(type or print name)

\_\_\_\_\_  
(city, state and zip code)

**For Corporate Incorporators\***

Name of Corporate Incorporator \_\_\_\_\_

By \_\_\_\_\_  
(signature of officer)

Street \_\_\_\_\_  
(principal business location)

\_\_\_\_\_  
(type or print name and capacity)

\_\_\_\_\_  
(city, state and zip code)

**Acceptance of Appointment of Registered Agent**

The undersigned hereby accepts the appointment as registered agent for the above-named domestic nonprofit corporation.

**DATED** \_\_\_\_\_

\_\_\_\_\_  
(signature of registered agent)

\_\_\_\_\_  
(type or print name)

Note: If the **registered agent does not sign**, Form MNPCA-18 ([§304.3](#)) must accompany this document.

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**\*Articles are to be executed as follows:**

If a corporation is an incorporator ([§401](#)), the name of the corporation should be typed or printed and signed on its behalf by an officer of the corporation. The articles of incorporation must be accompanied by a certificate of an appropriate officer of the corporation, not the person signing the articles, certifying that the person executing the articles on behalf of the corporation was duly authorized to do so.

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**